

Head Office:

No 22, Otukpo street,
off Gimbiya Street

Area 11, Garki Abuja

Mobile Number: (234) 09-7000800

Corporate Office:
No. 2, Okotie Eboh Street Ikoyi Lagos State.
Tel: +234-1-2706401, 08090999172

facebook.com/iei

👔 facebook.com/ieianchor.pensic 💟 @leianchor
email: cservice@ieianchorpensions.com, www.ieianchorpension.com

* Form Reference Number					
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	08078450652 08165722731 email: cservice@ieianchoi	pensions.com, www.ieianchorpension.com
RETIREMENT SAVINGS	ACCOUNT OPENING FORM	* Registration Type TPIN ** Temporar RSA Regularization PIN
Please fill this fo	rm clearly in capital letters (one letter per box)	
* Title		
* Title * Surname		
* First Name		
THE TAME		
Middle name		
Mother's Maiden Name		
* Date of birth (DD/MM/YYYY) *Place of Birt	h * Gender *Marital Status	** State of Origin
* Nationality	(M/F) (MD/SG/DV/WD/SP)	** LGA (If Nationality is Nigeria)
Bank Verification Number (BVN) (Optional)	*National Identification Number (NIN) ** Intern	ational Passport Number (non-Nigerians only)
Residential Address Building No/Name		
Duraning 1vo/1vane		
Street Name	** V:11/T/C:4	* I1 C+ A
Street Name	** Village/Town/City *	* Local Govt. Area
** State of Residence Code	Nigeria Abroad * Country of Residen	nee Code *LGA Code
	Nigeria Abroad * Country of Resider *Location	
		** Zip Code
Correspondence Address (Where you wou Building No/Name	iid want correspondences sent to)	
Banding 140/14ane		
Street Name	**Village/Town/City *	* Local Govt. Area
** State	P.O. Box or PMB(if any) * Mol	ile Number (Country Code + Mobile No)
Personal Email Address	Tel No.	
EMPLOYMENT RECORDS	Public Sector (Fed&State) Priv	ate Sector Micro Pension Cross Border
**Employer Name (Full Employer Name p	Public Sector (Fed&State) Priv Employees-01 Emp	ate Sector Micro Pension Cross Border Contributor 03 Employees-04
Employer Address Building No/Name		
Nigeria Abroad **Location	Zip Code * Country Code	**Village/Town/City
Street Name	* Nature of Business (For Informal Sector Employee only)	**Local Govt. Area Code
**State Code	Tractice of Business 1 or mornal sector Employee only	Local Govi. Area Code
	Employer Phone (Country code + Tel/Mobile No)	Service/ID no (Paramilitary only)
P.O. Box/P.M.B		Service 15 no (x araminary only)
**Date of First Appointments (Fed & States Employees only)	Date of current Employment	
The state of the s		RSA Certificate/RSA Statement Delivery mode
NOTE: All fields with asterisk (*) are MAN	DATORY	Email Post Direct Delivery

	ION CONTRIBUTION	4 F
Monthly Total Emo	Contribution for Public and Private Sec	ted Employees ted Employer monthly Contribution Expected Employee monthly Contribution
N N	K N	K # K
Voluntary Contribu	ution (Formal Sector, Informal Sector,	& Cross-Border Employees), Micro Pension Contributor
#		
NEXT OF KIN'S P * Title		irst Name Middle Name
* Relationship		
NOK's Correspor		
*Location Nige	Abioad	
NOK Building No	o./Name	
NOK Street Name	e ** Village/	Town/City ** Local Govt. Area
** NOK State Co	ode NOK	ZIP Code * Mobile Number (Country Code + Mobile No)
		Moone runner (cumy cue i mone iv)
* NOK Country (Code	P.O. Box or PMB(if any)
NOK Email		
APPLICANT BION	METRICS/CERTIFICATION	
	NETRICS/CERTIFICATION NT AND AUTHORIZATION FOR ACCESS TO NATI	ONAL IDENTITY NUMBER (NIN) INFORMATION
COSTOMER CONSER	T AND AUTHORIZATION FOR ACCESS TO NATI	ONAL IDENTITY NOMBER (MIN) INFORMATION
	N	1018
(Surname hereby certify that the	Name e information provided in this form is correct. If	Middle urther consent and authorize National Identity Management Commission to release my NIN
information (as may b	be required) to the National Pension Commiss	sion (PenCom), upon request by my Pension Fund Administrator, for the maintenance and
operation of my Retire	ement Savings Account. It is my understanding	that PenCom shall exercise due care to ensure that my information is secure and protected NIGERIA DATA PROTECTION REGULATION
		DATA CONSENT FORM
	*Recent passport	Thereby grant IEI-Anchor Pension Managers Limited and all its third-party
	(with a white background)	processors authority to process my personal data, for the purpose of: 1. Opening an account
	Name should be boldly written	2. Processing my pension benefits
	at the back of the passport photograph	Receiving newsletters, e-mails, promotions and marketing materials
	pilotograpii	4. Rectification of my data
		5. Research and statistical purpose
		I am aware this is necessary for IEI-Anchor Pension Managers Limited legitimate interests to process personal information for the purpose of
		processing my request.
** Signature		I consent to IEI-Anchor Pension Managers Limited using my personal
<u> </u>		data for the purposes described in this notice and understand that I can
		withdraw my consent at any time using the Data Subject Consent Withdrawal Form.
	Date	Name of Individual providing Consent:
	Bate	
	R OFFICIAL USE ONLY	Address of Individual providing Consent:
Does the applicant have any F	Physical Challenge? Yes No	
* If yes: Tick Type Partial	Complete/Others	
PENGION	A OPERATOR OFFICIAL ATION	
	N OPERATOR CERTIFICATION	
I hereby certify that the information given above is correct to the best of my knowledge This form was administered by;		Signature: Date
		DATA PROTECTION OFFICER ENDORSEMENT
Surname	First Name	
		<u> </u>
Agent Code Designation		Designation:
		Signature:
Agent Location	Date	
Attach copies of the following relevant document to the PFA		or Date:
 Official ID (Staff ID with any one of the following National ID, Drivers Licence or Permanent Voters (PVC) International Passport Letter of first appointment/Attestation Letter/Gazette (Public Sector Employees and Letter of Appointment (Private Sector) 		Location
Employees and Letter of Appointment (Private Sector) Birth certificate or declaration of age		Location